

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO. 10-019,706	FILING DATE	
						APPLICANT(S)		
						CLAIMS		
AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		IND.	IND.	IND.
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	IND.	IND.
1						51		
2						52		
3						53		
4			2			54		
5			1			55		
6						56		
7						57		
8						58		
9						59		
10						60		
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12						62		
13						63		
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40						90		
41						91		
42						92		
43						93		
44						94		
45						95		
46						96		
47						97		
48						98		
49						99		
50						100		
TOTAL IND.	1					TOTAL IND.	1	
TOTAL DEP.	5					TOTAL DEP.	5	
TOTAL CLAIMS	6					TOTAL CLAIMS	6	